

U.S. Serial No. 10/626,941

Response of Office Action mailed February 24, 2005

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Manning, et al.	)	GROUP ART UNIT:	1614
		)		
SERIAL NO.:	10/626,941	)	CONFIRMATION NO.:	3233
		)		
EXAMINER:	Phyllis G. Spivack	)	ATTORNEY DOCKET NO.:	01073/1/US
		)		
FILED:	July 25, 2003	)	DATE:	May 24, 2005
		)		
TITLE:	METHODS FOR TREATMENT AND PREVENTION OF GASTROINTESTINAL CONDITIONS			

CERTIFICATE OF MAILING

I hereby certify that this communication and any recited enclosures are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 24, 2005

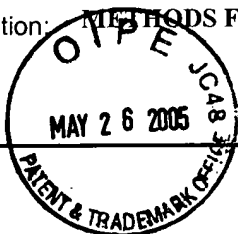


*Linda K. Cooper*  
Linda K. Cooper

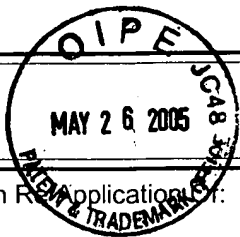
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

**REPLY TO OFFICE ACTION**

Sir:

This letter is in response to the Office Action dated February 24, 2004.  
The Applicants believe that this response is timely filed, however please charge any appropriate fees to Deposit Account No 19-1025.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>01073/1/US</b>	
Applicant(s): <b>Manning et al.</b>					
Application No. <b>10/626,941</b>	Filing Date <b>July 25, 2003</b>	Examiner <b>Phyllis G. Spivack</b>	Customer No. <b>26648</b>	Group Art Unit <b>1614</b>	Confirmation No. <b>3233</b>
Invention: <b>METHODS FOR TREATMENT AND PREVENTION OF GASTROINTESTINAL CONDITIONS</b>					
 <b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43 -	43 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1025</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ <i>Signature</i>			Dated: <b>May 24, 2005</b>		
<b>Philip B. Polster, II Reg. No. 43,864</b> <b>Pharmacia Corporation of Pfizer Inc.</b> <b>P.O. Box 1027</b> <b>Chesterfield, Missouri 63006</b> <b>314.274.9094</b>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <b>May 24, 2005</b> (Date)  _____ <i>Signature of Person Mailing Correspondence</i> <b>Linda K. Cooper</b> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>		
CC:					



**TRANSMITTAL LETTER**  
**(General - Patent Pending)**

Docket No.  
010731/1/US

In Re Application of: **Manning et al.**

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
10/626,941	July 25, 2003	Phyllis G. Spivack	26648	1614	3233

Title: **METHODS FOR TREATMENT AND PREVENTION OF GASTROINTESTINAL CONDITIONS**

COMMISSIONER FOR PATENTS:

Transmitted herewith is:

**Amendment Transmittal; Response to Office Action; Itemized Postcard.**

in the above identified application.


- ☒ No additional fee is required.
- ☐ A check in the amount of \_\_\_\_\_ is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. **19-1025** as described below.
- ☐ Charge the amount of \_\_\_\_\_
- ☐ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

  
Signature

Dated: **May 24, 2005**

**Philip B. Polster, II Reg. 43,864**  
**Pharmacia Corporation of Pfizer Inc.**  
**P.O. Box 1027**  
**Chesterfield, Missouri 63006**  
**314.274.9094**

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cc: